

Spring Tree Counseling

1007 Church Street • Suite 302 • Evanston, IL 60201

233 E. Erie • Suite 607 • Chicago, IL 60611

Office: (847) 492-1938 Fax: (847) 423-5670

Client Information Form

First Name: _____ MI: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ - _____ - _____ Y / N OK to leave message

Mobile Phone: _____ - _____ - _____ Y / N OK to leave message

Business Phone: _____ - _____ - _____ Ext: _____ Y / N OK to leave message

Other Phone: _____ - _____ - _____ Y / N OK to leave message

Birth Date: ____/____/____ Age: _____ Name: _____

Birth Date: ____/____/____ Age: _____ Name: _____

Email Address: _____

Email Address: _____

Marital Status: _____ Years Married: _____

Children: _____ Age: _____

Referral Source: _____

Medication: _____

Payment Options

QuickPay

We are set up to accept payments through Chase Quick Pay.

Our email address for these payments is admin@springtreecounseling.com.

Credit Card

Or if you'd like for us to have your card on file enter below.

Credit Card Number: _____ Exp. Date: ____ / ____